

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90252 016 \*\*\*\*61.25

**DOCUMENT # N98000003911**

1. Entity Name  
**NEW COVENANT CHURCH OF CENTRAL FLORIDA, INC.**

Principal Place of Business: **990 BELVERERE RD ORLANDO FL 32820**  
Mailing Address: **P.O. BOX 781164 ORLANDO FL 32878**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

4. FEI Number **59-3529003** Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BAXTER, CHARLES H  
990 BELVEDERE ROAD  
ORLANDO FL 32820**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_



CHECK HERE IF MAKING CHANGES

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>P</b>	<input type="checkbox"/> Delete NAME: <b>BAXTER, CHARLES H</b> STREET ADDRESS: <b>990 BELVEDERE ROAD</b> CITY-ST-ZIP: <b>ORLANDO FL 32820</b>	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <b>VT</b>	<input type="checkbox"/> Delete NAME: <b>PINNOCK, LLOYD</b> STREET ADDRESS: <b>2204 STONE CROSS CIR</b> CITY-ST-ZIP: <b>ORLANDO FL 32828</b>	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <b>T</b>	<input type="checkbox"/> Delete NAME: <b>REILLY, KELLYN</b> STREET ADDRESS: <b>2836 SHERIFF WAY</b> CITY-ST-ZIP: <b>WINTER PARK FL 32792</b>	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <b>D</b>	<input type="checkbox"/> Delete NAME: <b>HARRIS, BRUNETTE D</b> STREET ADDRESS: <b>1126 BUTTERCUP LANE</b> CITY-ST-ZIP: <b>ORLANDO FL 32825</b>	TITLE: <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>HARRIS, BRUNETTE D</b> STREET ADDRESS: <b>101 PORTSTEWART DR</b> CITY-ST-ZIP: <b>ORLANDO, FL 32828</b>
TITLE: <b>D</b>	<input type="checkbox"/> Delete NAME: <b>NELSON, DAPHNE</b> STREET ADDRESS: <b>497 LAKE PARK TRAIL</b> CITY-ST-ZIP: <b>OVIDO FL 32765</b>	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <b>D</b>	<input type="checkbox"/> Delete NAME: <b>HARRIS, JONATHAN</b> STREET ADDRESS: <b>1126 BUTTERCUP LANE</b> CITY-ST-ZIP: <b>ORLANDO FL 32825</b>	TITLE: <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>HARRIS, JONATHAN</b> STREET ADDRESS: <b>101 PORTSTEWART DR</b> CITY-ST-ZIP: <b>ORLANDO, FL 32828</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **2/20/03 (407)568-8336**

CR2E037 (10/02)